

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department on Disability Services



Department on Disability Services	Policy Number: 7.7
Responsible Program or Office: Office of Director	Number of Pages: 2
Date of Approval by the Director: January 29, 2008	Number of Attachments:
Effective Date: January 31, 2008	Expiration Date, if Any:
Supercedes Policy Dated:	
Cross References and Related Policies:	
Subject: Professional Support Services Policy	

1. PURPOSE

The purpose of this policy is to establish the process that all Department on Disability Services (DDS) Managers and Staff will follow when requesting professional support services in order to accomplish their respective goals and objectives.

2. APPLICABILITY

This policy applies to all DDS employees, subcontractors, consultants, volunteers, and governmental agencies that provide services and supports to individuals with intellectual and other developmental disabilities.

3. AUTHORITY

The authority and functions of the Department on Disability Services as set forth in Act 16-672, effective December 29, 2006.

4. DEFINITIONS

Requester – staff request for assistance with professional support issues.

Request for Professional Support (RPS) – the form that all managers and staff is required to submit and sign when requesting professional support services.

5. POLICY

It is the policy of the Department on Disability Services (DDS) to ensure that there exist administrative processes by which managers and staff can request professional service assistance from the professional offices within DDS.

6. RESPONSIBILITY


The responsibility for implementation of this policy is vested with the Director, Department on Disability Services.

7. STANDARDS

In order to ensure compliance with this policy all DDS Staff shall adhere to the following standards.

- Every DDS manager will be required to submit the Professional Services Request Form when seeking assistance for professional assistance related to their respective program areas;
- Each DDS manager will be required to designate an individual responsible for the transmittal of the professional services request form, as well as tracking of the request;
- Each professional unit will coordinate with the requester a time frame by which the assignment is to be finalized and submitted to the requesting manager; and
- Managers will be required to review the completed professional document and then transmit in final to the office providing the support.


Judith E. Heumann, Director


Date

PROFESSIONAL SUPPORT SERVICES

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AUTHORITY: The authority and functions of the Department on Disability Services as set forth in Act 16-672, effective December 29, 2006.

DEFINITIONS:

Requester – staff request for assistance with professional support issues.

Professional Support Services (PSS) – the form that all managers and staff is required to submit and sign when requesting professional support services.

POLICY: It is the policy of the Department on Disability Services (DDS) to ensure that there exist administrative processes by which managers and staff can request professional support service assistance from professional offices within DDS.

ROLES AND RESPONSIBILITY:

In order to ensure compliance with this operational procedure, below are the roles and responsibility of individuals responsible for implementing the policy.

Requester shall:

1. Complete and sign the "Request for Professional Support Services" (PSS) form in its entirety.
2. Submit to the Deputy Director, Administrator or Office Chief for signature and approval.
3. Once the request is approved, the requester will present their approved document to the appropriate professional support staff for development..

Deputy Director or Office Chief shall:

1. Reviews all request forms submitted by support staff to ensure descriptions are in accordance with program and DDS goals.
2. Approves and signs completed form.

Office Support Person shall:

1. Receive request form and track requests of professional services by each administrative unit.
2. Develop and maintain a file reflecting the administrative unit professional request work plan (s), and supporting documents.
3. Schedule meetings with Requester to discuss work plan in order to facilitate the request.
4. Submit the approved Request for Professional Support Service Work Plan in duplicates to Requester along with a copy of the signed form.

PROCEDURES:

In order to ensure compliance with this procedure DDS has adopted and implemented the following procedures:

- A. Each Administration and/or Division shall submit the PSS forms to the appropriate professional support office(s) for processing.
- B. Memorandum of Understanding and Agreement, Policy and Legislative development must be submitted to the Director for approval along with the signature of the Deputy Director or Office Chief. All items are subject to final budget approval by the Director or his/her designee and Chief Financial Officer.

- C. The Office providing the support will process the PSS by developing a work plan for delivery to the Requester. The Requester will be given a proposed start date and projected completion date once the request has been reviewed.
- D. The Office providing the support and the Requester will meet regularly to ensure that the support or document is sufficient.
- E. The original work plan and a copy of the signed form will be completed and returned to the Requester in accordance with the "Due Date" specified on the PSS. If the work plan exceeds the due date, a new date will be agreed upon by both parties and documented at the bottom of the PSS.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES



Request No. _____

Management Request for Administrative Clearance or Support

Return completed form to the Executive Assistant to the Office of the **Deputy Director for Administration**. The request must be submitted at the beginning of the development phase. Allow 24-72 hours for initial contact from Administrative staff.

PART ONE: (To be completed by Manager)

Administration or Office:		Date Requested:	Date Needed:
Name and Title of Requester:	Last	First	Title
Telephone:		Email:	

Approved for Submission:
(Signature of Requester)

Type of Clearance or Support Requested (Complete One Form for each type of support requested)

Contracts and Procurement	Human Resources	Budget and Spending Plan	Support Services
<input type="checkbox"/> Sole Source Contract	<input type="checkbox"/> Recruitment – New Position (Not on Organizational Chart)	<input type="checkbox"/> Modification to Spending Plan	<input type="checkbox"/> Document Control
<input type="checkbox"/> Modification of HCA	<input type="checkbox"/> Classification of Position Description – New Position	<input type="checkbox"/> Budget Enhancement Request	<input type="checkbox"/> Customer Service
<input type="checkbox"/> Modification of Contract	<input type="checkbox"/> Desk Audit	<input type="checkbox"/> Fiscal Impact Statement	<input type="checkbox"/> Risk Management
<input type="checkbox"/> New Contract – not on spending plan	<input type="checkbox"/> Request for Organization Structure Modification	<input type="checkbox"/> Other	<input type="checkbox"/> ADA
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Office Moves
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Records Management
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other

Brief Description of support needed (e.g., name of policy, type of training, etc.)

☐ Supporting Documents Attached

(page two must accompany this page)

Continue: Type of Clearance or Support Requested (Complete One Form for each type of support requested)

Policy and Legislative Affairs		Public Information		Planning, Research & Analysis		Training and Staff Development	
<input type="checkbox"/>	Policy Development (Administrative)	<input type="checkbox"/>	Public Service Announcement	<input type="checkbox"/>	Performance Measures	<input type="checkbox"/>	Training Development
<input type="checkbox"/>	Policy Development (External)	<input type="checkbox"/>	Flyer and/or Brochure Development	<input type="checkbox"/>	Report Development	<input type="checkbox"/>	Provide assistance to Department Training
<input type="checkbox"/>	Legislative Development	<input type="checkbox"/>	Press Release and/or Press Conference Assistance	<input type="checkbox"/>	Strategic Planning	<input type="checkbox"/>	Curriculum Development
<input type="checkbox"/>	Memorandum of Understanding (Funds)	<input type="checkbox"/>	Media Campaign Consultation	<input type="checkbox"/>	Research Project	<input type="checkbox"/>	Other
<input type="checkbox"/>	Memorandum of Agreement (No Funds)	<input type="checkbox"/>	Proclamation	<input type="checkbox"/>	Data Analysis	<input type="checkbox"/>	
<input type="checkbox"/>	Research Development	<input type="checkbox"/>	Editing	<input type="checkbox"/>	Other	<input type="checkbox"/>	
<input type="checkbox"/>	Other	<input type="checkbox"/>	Web-Site Placement	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>	

Brief Description of support needed (e.g., name of policy, type of training, etc.)

☐ Supporting Documents Attached**PART TWO: Approvals** (Approval in this section means approved to submit to Administration)

Approved by the Deputy Director (RSA or DDA and/or Office Chief)

Signature: _____

Date: _____

PART THREE: Final Approval

Received by Deputy Director of Administration

Signature: _____

Date Received: _____

Assigned to _____

Approved by the Director:
(Only required for MOU/MOA, Policy & Legislative)

Signature: _____

Date: _____

PART FOUR: Supports (To be completed by Person providing the support)

Administrative Office Providing Support:

Date Rec'd: _____

Proposed Start Date: _____

Projected Completion Date: _____

Name of Person(s) Responsible
(Print Name)

Final Completion Date: _____

☐ Work plan Completed & Submitted to Requester along with this signed form.

PROFESSIONAL SUPPORT SERVICES WORKPLAN

ORIGINATOR: _____ DATE OF RECEIPT: _____

TYPE OF REQUEST	TASK	ACTION	APPROVED BY/DATE	IMPLEMENTATION DATE	OUTCOME

Requester Signature: _____ Date Received: _____